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OPTIC-NEURITIS AND PERI-NEURITIS AND THEIR CONNECTION WITH CEREBRAL DISEASES.

BY XAVIER GALEZOWSKI.

Docteur en Médecine de la Faculté de Paris; Laureat de la même Faculté; Professeur d' Ophthalmologie a l'école Pratique de la Faculté de Paris, Membre de Plusieurs Sociétés Savantes.

[Translated by S. FLEET SPEIR, M. D.,]

Surgeon to the Brooklyn City Hospital; Surgeon to the Brooklyn Eye and Ear Infirmary.

V. ORIGIN OF NEURITIS AND PERI-NEURITIS.

Ophthalmoscopic research has long ago pointed out the existence of edema of the optic nerve, the cause of which was referred to diseases of the brain. M. DESMARRES has given a detailed description of it in his *Traite des Maladies des yeux*, of which the cause he says is extra-ocular. But these statements were not verified by autopsy, until MM. GRAEFE, GILLET DE GRAMMONT, and OGLE, made the first detailed observations with the autopsies. Since then the number of these observations has greatly increased. In comparing these cases with one another, and with those which we have seen ourselves, we shall be able to make some practical deductions, useful in the diagnosis and prognosis of the disease itself.

For my own part I have seen more than sixty-four cases of optic neuritis and peri-neuritis, of cerebral origin—and of this number I witnessed the autopsies of eight. Three of the cases are reported in my work on "*Les alterations du nerf optique et les maladies cerebrales;*" a fourth case was published by M. DUCHENNE (de Boulogne.) The fifth case, is reported in a paper on intra-ocular tumors (*Gazette des Hopitaux*, 1866.) Several observations we have gathered up since finishing that paper.

Among the cerebral affections which produce inflammation of the optic nerve, we are acquainted with but three kinds—the existence of which have been verified by autopsy. They are basilar meningitis, tumors of the brain, and abscess of the brain. Sclerosis "*en plaques*," ramollisement from embolus, locomotor ataxia, etc., only produce progressive atrophy of the optic nerve. Cerebral apoplexy sometimes causes disturbances of vision, but very rarely, and there is then either congestion, extravasation, or atrophy of the papilla.

On a close examination of the symptoms which accompany the development of optic neuritis, we are struck by the constancy of some of them. Thus the sudden appearance of amblyopia or amaurosis, mydriasis, and the simultaneous existence of neuritis in both eyes, are the habitual, I may say almost pathognomonic, symptoms of cerebral disease. Thus far we have found but rare exceptions to this rule.

It is plain, indeed, that inflammation, situated in the region of the optic chiasm, or arising from the visual centre by a single bundle of fibres, cannot cross the chiasm without the inflammation being communicated to the two optic nerves.

To these signs, we should add some cerebral symptoms which have been noticed in a large number of cases—seen by myself as well as noted in the observations reported by authors. These are vomiting at the commencement or during the course of the disease, constant vertigo, violent pain in the head, either in front or at the occiput, epileptiform attacks or convulsions, often paralysis of the seventh, fifth, and eighth pair of nerves; paralysis of the third or of the sixth pair may exist also, but it is

usually monocular, when the neuritis is due to a basilar meningitis.

The simultaneous existence of the disease in both optic nerves during the course of meningitis, is explained by the inter-crossing of the fibres in the chiasm, whilst in order to understand the paralysis of the sixth pair on both sides, together with double optic neuritis, it is necessary to go back to the seat of the disease, as far as the portion of the brain where the sixth pair arise. One finds it difficult to see how an inflammation of the meninges reaches at the same time the optic nerves and the two sixth nerves, or the fourth pair, without affecting the neighboring nerves; while we can very easiiy understand, that a cerebral tumor developing in the fourth ventrical, leads to an alteration of the fibres of the sixth pair, while, at the same time, extending to the peduncles of the cerebellum, it reaches the corpora quadrigemina, and the other parts of the centre of vision. Thus, paralysis of the sixth pair with double optic neuritis, may be considered as a symptom of tumor situated in the neighborhood of the peduncles of the cerebellum and the fourth ventricle.

Such a case occurred in the service of M. Vigla, at Hôtel-Dieu. We examined the patient with M. Vigla and were present at the autopsy.

Paralysis of the third pair, seldom accompanies optic neuritis, occasioned by cerebral tumors; paralysis of this pair of nerves is met with more frequently in basilar meningitis. It is not thus, however, with paralysis of the seventh and eighth pair. When these two pairs are paralyzed and optic neuritis exists at the same time, it ordinarily indicates a cerebral tumor, the seat of which is either at the basilar apophysis, or in the medulla oblongata and the fourth ventricle.

Such a condition existed in a patient of M. Grisolle, whose case is reported in my work, "*Sur les alterations du nerf optique et les affections cerebrales*," (p. 150.) The tumor pressing on one side of the pons varolii and the medulla oblongata had compressed the cranial nerves of one side only. In the observations of M. Gilet de Grammont, as well as in a case of M. GRIESENGER, recently published by M. LEBER, the seventh pair were also paralysed.

Such is the train of symptoms which usually accompanies optic neuritis of cerebral origin, and especially when caused by cerebral tumors.

The signs of basilar meningitis are not always accompanied by as many alterations, and sometimes there is paralysis of a less number of the cranial nerves, and when paralysis does occur it is not permanent.

Thus it is not rare to observe that it is the sixth pair of one eye that is affected first, then the affection attacks the other side, and then the third pair of the same eye, or of the other eye is attacked and so on. The optic neuritis, or rather peri-neuritis subsides, the sight improves, and the contour of the papilla is better defined. The arrest of the progress of the disease, and even an improvement in the sight, may be considered as a sure sign that the meningitis is not tubercular, that it is rather simple or rheumatic meningitis; and provided the health and strength of the patient improves, one may hope that the sight will be restored.

Optic neuritis, which accompanies basilar meningitis, differs but little from that which accompanies cerebral tumors, and the rational signs are all that remain to aid in the diagnosis. The ophthalmoscope, alone, is incapable of solving this question. From the alterations of the papilla, we may be sure that there is an inflammation in those parts of the brain which are in relation with the central organs of vision; but we can only define the nature of the disease by a study of the general symptoms.

Simple meningitis may give rise to the same ophthalmoscopic symptoms as tubercular meningitis. A case of this kind occurred in the service of M. Grisolle, at Hôtel-Dieu, in a patient attacked by meningitis and double optic peri-neuritis; it was impossible to arrest the progress of the disease by any treatment; the patient died, and at the autopsy, made by M. LANCEREAUX, it was found to be a case of serous meningitis, without the least trace of either tubercles or granulations.

But the fatal issue of meningitis is not an absolute rule, and M. Grisolle, without believing in a very great frequency of recovery, declares, freely, that he has no doubt of its occurrence. What M. Grisolle says of meningitis in regard to the prognosis, applies equally well to optic-neuritis, consecutive to meningitis. For our own part, we have observed nine cases of recovery from optic-neuritis, with partial or complete restoration of sight, in persons who presented all the signs of cerebral meningitis.

An analogous case occurred this year in the

service of M. Lasègue, in a young woman, aged nineteen years, attacked with meningitis and double optic neuritis. She recovered—the neuritis disappeared and her sight was perfectly restored.

Two cases were confided to our care by M. Dèsmarres (père) while his chêf de clinique. These children had their sight perfectly restored and the neuritis left no trace.

It was these cases of optic neuritis occasioned by cerebral disease, which suggested to me the idea of an ophthalmoscopic research with reference to the meningitis of children.

Four cases of recovery will be found reproduced entire (in the *Annales d'oculistique*) from a paper which I read before the Opthalmoscopic Congress, of Paris, 1861.

We meet with optic neuritis, consecutive to cerebral tumors, quite as often as we do that caused by meningitis. Tumors of various natures, cysts, hydatids, glaucoma-sarcoma, fibro-plastic tumors, and even abscesses of the brain, may lead to optic neuritis, or peri-neuritis, which differs but little in these different diseases. Thus far, we have found it impossible to perceive a very great difference in the aspect of the inflamed papilla, when the inflammation arose from tumors, or when it was due to a meningitis. But it is certain, that, neither simple ramollissement, nor ramollissement from embolus of the arteries, nor cerebral apoplexies, nor sclerosis of the brain, nor locomotor ataxia gives rise to optic neuritis. Consequently, having presented a case of optic neuritis, we may suspect at once a case of meningitis, a tumor, and sometimes an abscess of the brain. It must be understood, however, that we are not speaking now of idiopathic neuritis, such as is produced by syphilis, rheumatism, or orbital neuritis, in which case the diagnosis becomes much more simple.

VI. WHAT IS THE LOCATION, OR SEAT OF CEREBRAL TUMORS WHICH PRODUCE OPTIC NEURITIS:

Cerebral tumors which develop within the cranium, may occasion disorders of the central organs of vision and produce blindness. They are especially all those tumors situated in the neighborhood of the tubercula quadrigemina, the optic tract and the optic chiasm, which, in their development, may reach the organs of sight, and produce optic neuritis. We know that there have been a considerable number of tumors of the hemispheres, of the pons varolii, and of the cerebellum, having produced no alteration of the organs of vision. There have been others, on the contrary, communicating in a regular manner with the optic nerves. Evidently this is to be explained by the propagation of the disease by contact-continuity of the nerve fibres.

The number of cases of optic neuritis observed during life with the opthalmoscope is considerable; but one has not often an opportunity to make the autopsy of these cases, for these diseases are of long duration, and the patients often die of an intercurrent disease. It is on account of this probably, that the number of cases of this alteration with complete histories and autopsy, is so small. Thus far we have been able to collect but thirty cases; twenty-two of them are from different authors, and the remaining eight I have seen in the Hospitals of Paris, through the courtesy of MM. les Drs. Grisolle, Lasegue, Richet, Pean, and Vigla.

In comparing all the known cases, we find that the tumors which give rise to optic neuritis, are met with in the following portions of the brain:

Hemisphere ant. region of brain	12
Pituitary gland and chiasm	1
Posterior lobe	5
Cerebellum	4
Cerebellar peduncles	5
Fourth ventricle	1
Optic tract	2

It is shown by this table that optic neuritis has been observed thirteen times in cases of tumors in the anterior region of the brain, whilst seventeen times it was occasioned by neoplasms of the posterior region of the brain.

Among these last we notice that they are tumors of the structures in the vicinity of the tubercula quadrigemina, which cause optic neuritis. These disturbances of sight then must be explained by the circumstance of contact. In fact, we know that the tubercula quadrigemina are in direct communication with the superior cerebellar peduncles, and with the anterior part of the cerebellum; the optic tracts are traversed at their posterior surface by the white medullary fibres which serve as a communication between the tubercula quadrigemina and the corpus geniculatum. The superior wall of the fourth ventricle is constituted by the valve of Vieussens, of which the fibres communicate directly with the testes; finally the lateral ventricle, as well as the posterior cornua, are constituted by the cerebral mass of the posterior hemisphere, and the alterations of this last

may invade the lateral ventricles, and compressing the corpus geniculatum and the corpora quadrigemina, may finally disorganize them.

The degeneration once commenced in a portion of the centre of vision, is propagated further and further, following the same optic fibres as far as where they reach the optic tract; the chiasm and optic nerves finally terminating on the two papillæ in an edematous swelling or optic neuritis, which we have described above.

Proximity to the central organs of vision is indispensable for the cerebral tumor to bring on optic neuritis and loss of sight; without this proximity, the disease may gain several other of the senses, and cause paralysis of such organ or muscle, while the sight remains intact. Thus, tumors situated on the surface of the hemispheres, the pons varolii, the central, or posterior parts of the cerebellum, &c., give rise, only exceptionally, to optic neuritis and amaurosis. The same alterations, on the contrary, developing in the regions indicated, cannot exist without the organs of sight being affected.

The following case which we were permitted to study in the service of M. LASÈGUE at the Hospital Necker, is one of the most important and most characteristic we have seen. The autopsy confirmed entirely the diagnosis of that eminent clinician.

Observation—M. G—— aged 24 years, entered the Hospital Necker, the 2, March, 1868, in the service of M. Lasègue. The patient was pale and anæmic, complained of severe pain in the head which had continued for several months—increased at times, especially in the occipital region. During these crises, he had attacks of vomiting which lasted sometimes one or two days. It was difficult to obtain information concerning the antecedents of this patient. However, M. IBORD, *interne* of the service, learned that since 11 years of age he had been subject to epileptiform attacks, which returned as often as five and even ten times a day. During the past few years he has had but two or three attacks per month. The patient complains of a weakness in all the muscles of the right side—but this does not prevent his making considerable use of his arms and legs; often while walking he has attacks of vertigo, when he is scarcely able to stand upon his legs. His intellectual faculties are evidently enfeebled; his memory is poor, and it is probably on this account that he cannot give us any information concerning his early history. Since his entrance into the hospital, M. Lasègue has noticed a divergent strabismus of the right eye, and a weakness of sight in that eye; the left eye still retains good sight.

Called by M. Lasègue, on the 20th of March, I found the following condition of his eyes: His pupils are dilated, strabismus and entire loss of sight of the right eye, and such a loss of sight of the left eye as to render him incapable of distinguishing the movements of the hand. In examining his eyes by the ophthalmoscope, we find the following conditions of the optic nerve: The two papillæ are much infiltrated, and their size appears greater than usual; the contour is irregular, the color of the papilla is red, the red color is caused by a large number of capillary vessels developed on its surface, which are not prolonged on the retina. The central vessels of the retina are very much enlarged, the veins are distended greatly and appear to be hidden under a whitish exudation, and reappear further on upon the retina. The arteries are not changed as to size, but they are more tortuous. April 15th. Complete loss of sight in the left eye, pupils much dilated, left eye very sensitive to pressure and the movement of both eyes painful, patient sees flashes of light, pain in head excessive, and constant vertigo. 2d May The papilla became white and all the capillaries disappeared from its surface, the contour of the papillæ are infiltrated, irregular, and the central vessels are tortuous. The patient has had pain in the sciatic nerve for the past seven days, which was very painful in both legs, but particularly in the right leg. This condition continued with more or less exacerbation of pain, and he died June 22d.

The autopsy made June 30th, by M. Ibord, in the presence of M. Lasègue and myself, revealed the following condition of the brain: The bones of the cranium presented nothing abnormal, and the meninges were healthy. At the upper and outer part of the left posterior lobe there was a slight elevation. In raising this part layer after layer, a large cyst was opened, which was situated above the lateral ventricle, and had perforated it. The cyst extended as far as the middle ventricle, under the corpus callosum, and compressed the tubercula quadrigemina very much. The latter were greatly depressed and almost effaced, one could scarcely distinguish the fissure

which should exist between the nates and the testes. The optic tracts were softened from the corpus geniculatum to the chiasm, the right anterior tubercle was harder and more prominent than the others, which seemed to be softened; the posterior and middle optic vessels (Galezowski and Cl. Allbutt) were entirely atrophied. The middle cerebellar peduncles, the valve of Vieussens and the cerebellum presented nothing abnormal; the optic chiasm was softened, and we could find no gray or red spots upon its surface, its color being of a uniform white; its vessels had also disappeared.

In this case we find a full confirmation of our assertion, set forth above, that optic neuritis is always due to a propagation of the inflammation, or of the degeneration *sui generis*, first by immediate contact, and afterwards in descending along the optic fibres. The cancerous tumor in this case was situated in the posterior of the brain, and the cyst which accompanied the tumor extended into the lateral ventricle and upon the tubercula quadrigemina, and almost entirely destroyed them. In consequence of this, there followed degeneration of the central organs of vision, which was carried to the optic tract, and to the papillæ.

I insist, especially on this last point, and I think that the mechanism of the evolution of optic neuritis can be explained in no other way than by the communication of the disease to the optic fibres. It is for this reason that meningitis affecting the upper convolutions, and tumors situated some distance from the optic centres, fail to affect the optic nerve.

M. Græfe has sought to explain the e volution of optic neuritis in another manner. He thinks that the intra-cranial pressure and venous stasis, when it is subacute, seems to produce a sort of strangulation of the intra-ocular termination of the optic nerve. I think that intra-ocular pressure can have nothing to do with the production of optic neuritis, otherwise, we ought to find it in cases of hydrocephalus, congestion of the brain, peri-encephalitis, etc.; whilst in all these affections it is rather a progressive atrophy which is produced. After having described all the characters of optic neuritis of cerebral origin, their diagnosis will become still more easy, if we point out the essential signs by which they may be distinguished from optic neuritis of local origin, which depends upon a cyst or tumor of the orbit, or of syphilis.

Nothing is more simple than to establish this distinction by the following signs. Optic neuritis of cerebral origin always exists, as we have mentioned above, in both eyes, in the affections of the orbit; it is monocular, and is usually accompanied by exophthalmia, paralysis of the sixth or third pair of nerves, or of both at once.

Syphilitic optic neuritis may be caused by a syphilitic tumor of the brain; but the disease occasioned in the two papillæ will be the same as in other tumors; the diagnosis then will be more difficult. But there are syphilitic optic neurites, which develop spontaneously in the intra-ocular part of the optic nerve. They will be recognized by the simultaneous existence of retinitis, choroiditis, or iritis. These complications never exist in cerebral affections; which I have had the occasion to prove in a recent work on "Chromatoscopie retinienne."

After having presented all the details of optic neuritis accompanying cerebral affections, we may draw the following conclusions from the work.

1. Optic neuritis is frequently caused by cerebral tumors and meningitis.

2. The tumors which produce optic neuritis are almost always those which develop in the neighborhood of the central organs of vision; as for meningitis, it is only when situated around the chiasm that it can produce inflammation of either the peri-nerve or of the proper substance of the optic nerve.

3. It is usually impossible to distinguish by the ophthalmoscopic signs a case of meningitis from a cerebral tumor, and we must have recourse to the general symptoms and rational signs of these diseases. We may remark, however, that the progressive loss of sight, terminating in a complete blindness, is most frequently the consequence of a cerebral tumor; if, on the contrary, the weakness of sight is increased or diminished, in such a way as to indicate exacerbations or remissions of the disease, we would then suspect meningitis as the cause.

4. Optic neuritis terminates after a time into complete or partial atrophy of the papilla. This atrophy is to be distinguished, we think, from progressive atrophy of the papilla, and notably from that which is observed in locomotor ataxia, by the irregular contour which

is lost under an exudation, as well as by the varicosity and sinuosity of the central vessels.

To these purely ocular phenomena we must necessarily add the general symptoms proper to each of these diseases. The occipital pain, the attacks of convulsions, weakness of the limbs, vertigo, vomiting, paralysis of the seventh pair, of the eighth pair, or of the fifth pair, accompany almost always tumors in the neighborhood of the tubercula quadrigemina, in the anterior superior part of the cerebellum, the cerebellar peduncles, the fourth ventricle, etc.

REPORT ON MUNICIPAL HYGIENE.

By Thomas Carroll, M. D.

(CINCINNATI ACADEMY OF MEDICINE, FEB., 1870.)

(Reported by J. W. Hadlock, M. D.)

[The following report, while especially directed to the hygienic condition of Cincinnati, will be found of general interest on questions of municipal hygiene. Eds.]

Mr. President and Gentlemen of the Academy:

Your committee have the honor to report their views on the hygienic condition of Cincinnati during the term of their appointment.

In order to arrive at the true condition of the city as it *now* exists, we have thought best to consider its location and its former hygienic characteristics; and by these means we hope to arrive at something like correct conclusions, as to the causes which have led to the great improvement in the health of the city.

Cincinnati stands, as you know, on the right bank of the Ohio, a little North of the 39th degree of latitude, and is situated on two plains; one on the margin of the river, low, narrow, and in some places swampy, in former times; the other, six or eight times as wide. The first is alluvial, the second diluvial. The lower plain widens as it stretches down the river, and was once heavily timbered, and was occasionally inundated by spring floods; but these are now less frequent than formerly, owing to the filling up of the lower parts. The upper plain has, for ages, lain too high to be inundated. The city now spreads over these two plains, as well as ascends the surrounding hills, and occupies considerable space on their summits, which are three or four hundred feet above the river, and are without wet or swampy lands. Of course, the inhabitants are nearly exempt from autumnal fevers; but these fevers are sometimes found among those of the citizens who travel in malarial localities either in this, or surrounding States. We believe that the citizens of the village of Clifton occasionally are visited by remittents, or intermittents, which seem to be caused by malaria carried by the winds of the Mill creek bottoms.

But let us look back and contemplate the location on which the city has grown up, and we shall find, as has been stated, that the lower terrace or much of it, was wet or swampy, and that for many years, that portion lying below Main to the foot of Fifth street, was not only occasionally inundated, but was much of the year wet, with occasional swamps; and that a quarter of a century ago, when this part was laid out in squares, and the streets raised above the original surface, these embankments retained the water, so that stagnant water was almost constantly in these squares, and continued in them for years. Of course considerable malarial disease was produced in their neighborhoods, and had a peculiarly unfavorable influence on infantile life, causing cholera infantum, diarrhœa, dysentery, etc.

Then thirty years ago the White Water canal was constructed, and so made that there was no outlet at its terminus. There was, however, a small one some eighty rods back, which served for a small mill power; but for years there was not even this drain, so that the canal was merely a stagnant pool, and into it the people in the neighborhood threw their garbage; and all manner of dead animals up to the size of a hog were cast into it. At length the canal was sold, and became the bed of a railroad, since which time the health of the citizens in that neighborhood has greatly improved.

Then again on the west side of the city, there were not only the lowlands on Mill Creek to create disease, but numerous brick ponds west and even east of Freeman street for a short distance: the former of these still exist in an almost unmitigated state; but the latter have, in great measure, disappeared. It may be justly said of the bottoms of Mill Creek, immediately west of the city, that they produce as much malaria as any other place to the same extent which can be found in the same latitude in the Mississippi valley; yet there has been nothing done to destroy these pesti-

lential vapors, and we fear they will only be destroyed by the spread of the city.

Twenty-five years ago, from Baymiller street west, bilious diseases were common every autumn, and many families had ague year after year, but now these diseases are seldom found east of Freeman street; but when they are, they are either more continued in their form, or milder in their character, or even once in a while assuming the aspects of typhoid fever. Indeed, the doctors now call most of the fevers, which appear in the western part of the city, typhoid, when they really are, in most cases, in our opinion, mild remittents. In the middle and eastern portion of the city, the fevers are mostly of a continued type. This form follows with more intensity on the surrounding hills and plains, which tendency often makes them assume a grave tendency. Not only the southern and western parts of what is now covered with buildings, but also, that portion of the city west of Sycamore street and south to the base of the hills as well as the Deer Creek valley, were subject, more or less, to intermittents and remittents. But all these parts are now covered with a dense population.

The density of the population, whilst it has caused bilious fevers to disappear, has led another, and more enduring, if not everlasting form of disease to be fixed in these localities; we mean contagious, or zymotic maladies. This has been brought about by narrow streets and improper *drainage*. We might name Clay and Jackson streets with Pleasant and many others; and South of this part of the city there are not a few streets which are very narow, such for instance as Avery and Webb, where but little pure air can exist, and as time advances and high houses are constructed, but little can be looked for there but loathsome odors and maladies of a zymotic kind, as fatal forms of eruptive fevers. It is not alone these portions of the city which now suffer; but we contemplate with melancholy forebodings those parts of the city plat, not yet improved, that will grow up with imperfections which will engender these diseases. We might name some of the streets and alleys now existing as examples; and we fear, that many more, not yet laid out, in the Valley of Mill Creek will have the same imperfections, as the want of intelligence and the love of money will cause them to be laid out and built upon ignorantly. We find, however, in some parts of the town, streets have been planned sufficiently wide for fine ventilation, and, however much we deplore what has been and what we fear may yet be done, we believe that much improvement in the mode of building, and laying out the new parts of the city will take place. But why should we complain of these things, when we know that most of the cities of the old world were made the hot beds of disease from narrow streets, high houses, and filth; and when we also know that centuries had to roll by before the authorities, in those countries, could be made aware of the causes of the great mortalities in their cities over those in the country? Now all the errors we complain of with regard to width of streets, are committed from time to time by the owners of property and the city authorities permitting them, without considering the consequences, which would eventually result. They for a time did not believe that the city would grow to any size, merely believing that we would have a big town; indeed, but little just conception of what Cincinnati would become, existed thirty years ago. Aside from what has been said, it must not be forgotten that our public markets are in bad condition. Thousands of horses and wagons are every week day spread along one, or more of the streets for many hours, with little or no municipal regulation. Now this course does not cheapen our provisions in the least, but is permited, we fear, by office holders to secure, or retain, places. We know from actual observation that during the visitation of the malignant cholera epidemics, that the malady was much more frequent on streets where markets were held, than where they were not. Those not living on such streets may think themselves secure from harm on this account; but in this they are greatly mistaken, because the particular position, or zymotic infection once produced in such places, soon finds its way to adjoining neighborhoods, or even distant places by human intercourse. These assumptions will apply as well to small-pox and other contagious diseases as to cholera. Whether we are ever to get clear of this nuisance, it is hard to say, as the board of health have most carefully avoided doing or saying anything about the matter. They make much ado about things of less consequence.

Another obvious cause of disease grows out of the lowness of factory chimneys; the vents for smoke are made any height the owner

pleases. This matter has been tested in London by forcing owners of factories to elevate their smoke-stacks, and it has been found that breathing has become easier than before by the adoption of this measure. Could each factory chimney be made fifty or sixty feet high, the city would be preserved from the smoke which it now has to endure, and the owners of factories would make by the saving of fuel.

Some 25 or 30 years ago there was much excitement at different times about the fumes from the sulphuric acid laboratory; the water in the reservoir was injured, and the people were being poisoned by it, and their lungs ruined by inhaling the vapors from this factory. The owner of the laboratory had to raise his chimney more than once to please the philosophic taste of the people, when really the laboratory never injured any one.

Another important item in a hygienic point of view is the water supply. This during the first settlement of the town was either derived from the river, or rain caught from the roofs of the houses. The river water was hauled in barrels and sold to the citizens for a good many years, then a reservoir was made, and water forced from the river by steam power into it, and then conveyed through wooden pipes over the city. The city authorities, some twenty years ago, bought out the right of the water company, and began the iron pipe conveyance, which has been rapidly extended over most of the city, and eventually will be one of the most complete systems of water-supply in the world. The main reason for this is the purity of the waters of the Ohio, which is probably not surpassed by that of any other river. The vast supply in volume will ever make it inexhaustible.

The members of the academy well know that the question of the water-supply has been agitated for long years, and often debated with little knowledge of the subject. It so happened that a man of profound understanding and a fine chemist examined the water of the Ohio at various points, and came to the conclusion that the water was the purest near the mouth of the Big Sandy, and that everywhere above Cincinnati it was of good quality for all the purposes of human life; that the amount of solid matter to the gallon was of the proper proportions, and so were the chemical elements; and that it was capable of being conveyed through leaden pipes without taking up any of the metal, which opinion has been proven correct by experience.

These statements of Dr. Locke, have never been successfully controverted since. The fact that the waters of the Ohio flow over surfaces which yield them all the mineral elements which make them healthy beyond the waters of most other rivers is owing to the fact of the proper mixture of iron and chloride of sodium and other elements; for it is now well known that the first of these elements has the power of purifying water, however impure. This is proven by passing impure water in through coils of iron wire, or letting it stand iron vessels for some length of time; the algæ which infest stagnant water so generally, are destroyed by this metal, and so are many other impurities. Another great cause of the purity of the waters of the Ohio, grows out of the fact that the river and its branches are seldom stagnant, and when stagnations do occur, they are almost always in the small branches near the heads of larger ones. One branch of the Ohio, however, has been much objected to as impure; that is, the little Miami river. Now all who know anything about the velocity of this river, from the the town of Corien to its mouth, know, that through all that distance the current is rapid, with the exceptions of a few mill dams; and the current in general is quite rapid, much more so than in most of the affluents which enter the main river, on the south side. It is true that there is more lime held in its water than in the Ohio where it empties, but still not enough to injure the water of the parent stream. Steam boilers collect no incrustations, and the water is constantly used by wash-women without any difficulty. Much has been said about the situation of the water-works, and it has been urged that these works should be removed above the mouth of that much abused stream the Little Miami. Now to draw our supply of water from that point would involve a very heavy expense, and might be thought oppressive by our citizens, and after all it would make but little difference in the constituents of the water. Admit that the river, below the mouth of the Little Miami, is rendered somewhat impure by the offal from the dense population, it must be conceded that this could be very certainly obviated by the construction of a lateral sewer running from Columbia to the mouth of Deer Creek.

It must be also conceded by men of science that water though impure, conveyed through such a vast length of iron pipes, and being ejected with great force with pumps, must be greatly benefited by the process.

But let us quote in justification of our views, from a distinguished author (Musprat) the manner in which iron acts in purifying water, which has been proved by numerous trials on waters artificially contaminated by mixing them with sulphite of hydrogen, ammonia, and urine: that, however impure water may be, it can be rendered perfectly pure and wholesome to drink, by merely allowing it to remain in contact with a large surface of metallic iron, from twelve to twenty-four hours, and then filtered through sand or animal charcoal. Pure sand cannot be obtained here, as there is always lime mixed with it; it is, however, sufficiently pure without any filter.

Another part of our duty is to report on the density and the habits of the population. With regard to the first, we can only say that, in not a few places, it is too dense for either comfort or health.

Our City Health Officer has given, in his report of February, 1869, the supposed amount of inhabitants in Cincinnati, and tells us that we have but seven square miles of territory within our corporate limits which has to sustain a population of 260,000 inhabitants. He then compares these seven square miles with the vast amount of territory within the corporate limits of other cities, for instance, New York, which has an area of 22 square miles, and, of course, has about 32,000 to the square mile; Philadelphia has 129 square miles and 6,200 to the square mile; Brooklyn, he tells us, has only 17,388 to the square mile; Chicago has 29¾ square miles; Buffalo, 37; Pittsburg, 24, etc.

Now the Health Officer states that Cincinnati has a more dense population than any city in the United States, and more dense than London, Dublin, or Edinburgh, or even any of the large cities in the civilized world. There are many considerations growing out of the above statements, which must not be passed over in silence, that will show that the Health Officer has not done us justice; for the density of the population must not be governed by the amount of square miles in the corporate limits of any city, but, on the amount of population in the parts actually built up. A city may have a large amount of territory and but a small part inhabited; but let us consider facts and we shall find that the Health Officer has made a great mistake in declaring that the density of the population of Cincinnati is greater than that of any city in the United States, and greater than that of London, Dublin, or Edinburgh. We shall begin with New York which has a territory of 22 square miles, and has 32,000 inhabitants to the square mile, but he does not inform us whether each square mile has 32,000 population or whether some parts have a very great population and some very much less. The truth is that some or more of the square miles in New York have the most dense population of any city in the civilized world. We may instance 60 acres of the 4th Ward, which contains a population of tenants, in houses or cellars, of 192,000 to a square mile. Part of this tenant population covering forty acres, including streets, or 30 acres exclusive of streets, has at the rate of 292,000 to the square mile.

We are informed that a population of 60,000 dwell upon an area of less than 3,000 lots, each being 25 by 50 feet, which gives an average of more than 20 persons to the lot. Now, this condition of the more densely inhabited part of New York makes it more crowded than any other city either in Europe or this country, that is in these crowded parts, for we find in St. James District, London, only 144,000 to the square mile. In the Holborn, 148,705, and in St. Luke's, 150,104, East London having the most, 175,810.

Now, Cincinnati has 32,000 to each square mile of corporate limits; but in some of these square miles the population is much larger than in others, possibly, in one or two there may be sixty or seventy thousand. So the argument founded on the size of corporate limits will not do. The corporation of Philadelphia takes in a whole county; but this proves nothing as to the crowding of particu- parts of that city, which is, in some places, very considerable. Yet Cincinnati has crowded localities which we know ought not to exist, and which are the harboring places of typhus and typhoid fevers, as well as of small-pox, scarlatina, etc. We now have good reason to believe that this over-crowding will henceforth, in a great measure cease, for the reason that railroads carry the masses to the country every day; and what have probably a still greater influence in keeping down density of

population, are the street railroads, which now convey so many of all classes for miles from their places of business or labor.

Parks.—Within the city limits we now have three public parks, Washington, Lincoln, and Eden; the first two are small when compared with Eden park, yet they give considerable space for the exercise of children, and for their obtaining fresh air. Our German population wisely take advantage of these localities, where their children can, at least for a short time, breathe uncontaminated air. Eden park, which is only now being improved, when it shall be finished with taste, will be one of the finest anywhere to be found; it contains, we understand, more than 200 acres, and is so situated as to location and elevation, that all visitors must be delighted and exhilarated by the purity of the air and the delightful views which it yields.

But what advantage are these parks, especially Eden park, to the poor who labor all day, and return home at night to a single room, with a stove in it, on which all the cooking has to be done, even during the hottest weather? The thermometer, in these places, must be, much of the time in summer, 90°. How, in such domicils, can the poor woman, surrounded with children, enjoy health? The park is too far off for feeble limbs to carry such people from home after the labor of the day, and still more so, to drag after them, or carry their children.

These breathing places can seldom render service in such cases as these. Parks are very fine things to talk about, to decorate a city, and to give pleasure and health to those who have it in their power to make frequent, or even occasional, visits.

The question then arises, how are the laboring classes, with the poor, to be most benefited in the way of receiving fresh air, and of always living in it? For without a constant supply, no one can long enjoy complete health. The laboring part of the community, as well as the poor, must live in houses which are well-ventilated, and the former work in shops that can supply them with fresh air.

The domicils of these classes must be kept clean, the entries always well swept, and the floors often washed; with the freest circulation of the atmosphere by the windows, and other modes for the admission of air; and light too is of great importance, and can only be well admitted where the streets are wider than we often find them in our city.

But the subject of the proper mode of ventilation we shall consider in another place. In the meantime, we shall make a few remarks on baths, because they are, in a great measure, not used by the masses, who only occasionally bathe in the river or some other living stream. Indeed, we believe there are many persons who never bathe unless in a particular manner. The ancients were much in the habit of using baths, either warm or cold, especially in large cities. Rome is said to have had, during the time of Augustus, eight hundred cold bathing places, besides many for warm baths. It is true, that both the Greeks and Romans stood more in need of baths then the people of the present time, because they used no linen next their persons, and had no knowledge of soap or its uses, so that for them frequent bathing was of the greatest importance, and, we presume, that the ancients often suffered severely by zymotic diseases from their neglect of cleanliness, especially after civilization had yielded to barbarism during the dark ages.

But to return, we are convinced that public baths should be built in proper places in the city, where both sexes could at least enjoy the luxury of cold bathing; we, indeed, believe that if our citizens were to bathe several times a week, they would escape many diseases to which they are now subject; and, independent of this, they would enjoy life to a much greater extent than they now do, as well as have better health.

[TO BE CONTINUED.]

Medical Societies.

SEMI-MONTHLY MEETING OF THE ALBANY CO., N. Y., MEDICAL SOCIETY.

REPORTED BY T. D. CROTHERS, M. D.

The President, Dr. W. H. Craig, in the chair. Dr. J. V. P. Quackenbush presented a paper on

Inversion of the Uterus,

with diagrams. He believes inversion takes place at the bottom of the uterus, or in the os uteri. The uterine canal rolls out as the rectum does in prolapsus. The anatomical structure of the fibres indicates that inversion takes place in this way. The physical signs are not reliable, and the diagnosis is difficult, being often confounded with fibroid tumors. A critical exploration with both sound and finger is necessary, and then you may be mistaken. The treatment is likewise attended with many difficulties.

To replace the parts or amputate them, and improve the general health is all that can be done. In restoring the parts, unless the force used is on the line of the axis of the pelvis, the surgeon will fail. Dr. Thomas, of N. Y. City, laid open the abdomen, exposing the uterus, then by force within, restored the parts. The operation was successful, the patient recovered; the first case of the kind on record. The following case illustrates the care necessary in diagnosis: Mrs. B—— delivered eighteen months ago; labor natural; excessive hemorrhage and prostration followed, and general ill health. Was treated by an eminent physician with stimulants and tonics for some time, and then after an examination, a polypus was supposed to be the cause. No attempt at removal was made. When called to see her, pulse 140, very weak and anemic. Examination revealed inversion; whithout chloroform and with but little pain, the organ was restored in a few minutes. The second day the pulse was 80 and a rapid recovery followed. Here was a case where prolonged suffering, and, eventually, death would have followed, clearly in the power of the physician to obviate.

Dr. SABIN, of West Troy, reported a case attended with profuse hemorrhage, in which the tampon was used. The second day after, inversion was discovered. The case passed into other hands, and a year after Dr. Seymor, of Troy, replaced the organ, and complete recovery followed. Did the inversion take place at the time of delivery or after? Dr. QUACKENBUSH thinks it occurred at the time of delivery. The fact of not finding it, and the introduction of the tampon, was no positive evidence it was not present.

Dr. W. H. BAILY exhibited bloody urine from a young man who had repeated attacks of

Hemorrhage,

from the bladder, at long intervals, supposed to come from a strain early in life, and asked the society what could be its cause. Dr. Quackenbush replied he had a case similar, in which rupture of the blood vessels in the bladder was proven to be the cause.

Dr. Alexander reported a case of puerperal convulsions, in which the exciting cause was supposed to be a large dose of sulp. quinine.

Some discussion followed, in which the various modes of treatment were detailed.

Dr. Lomison exhibited a fibroid tumor of the uterus, weighing seven pounds, taken from a patient at the Lunatic Asylum, at Utica, by Dr. C. R. Heen. The patient died suddenly of some unknown disease.

The society then adjourned.

We would add, that this society meets every two weeks at the City Hospital. A recess is taken durring which refreshments are served, making it both social and intellectual.

EDITORIAL DEPARTMENT.

PERISCOPE.

Anointing in Infantile Disorders.

Dr. H. GUARD KNAGGS says in the *Lancet*:

During the past eleven months I have been testing, with uniformly successful results, the value of a very simple method of treating such infantile complaints as atrophy, bronchitis, convulsions, diarrhœa, febrile disturbances generally, and indeed all disorders of childhood which are accompanied by an unnatural state of the skin.

The treatment simply consists in smearing with salad oil the whole surface of the body, from the crown of the head to the tips of the fingers and toes, the process being repeated every twelve, six, or even four hours, according to the urgency of the case. Of course the use of a long flannel gown or small blanket is obvious, and the fluid should be slightly warmed.

The application of oil possesses the following immense advantages over the ordinary warm bath:—

1. Skin-action is more completely and permanently restored.

2. The danger of reaction is avoided, for their is no sudden change of temperature; and, moreover, the sheet of oil protects the surface from atmospheric influences.

3. It acts as a fuel-food, not only preventing waste of tissue, but actually increasing the bulk of the little patient.

4. It does not depress, but, on the contrary, appears to exhilarate.

It will scarcely be credited by many that the formidable affections above mentioned will frequently yield to this treatment, or at any rate show signs of abatement in from twenty minutes to four-and-twenty hours; but such is the case; though sometimes forty-eight or even seventy two hours will elapse before any decided signs of improvement oc-

cur. By way of illustration, here are a few examples out of many, and I shall be happy to satisfy any gentleman as to their genuineness:

Atrophy. My cousin, Mr. S. H. Knaggs, was called to see an infant, whom he found apparently *in articulo mortis.* The mother informed him that she had sent for him "for satisfaction only." The child was oiled, and in twenty minutes began to look about it and took its food. In the course of a fortnight it recovered its ordinary health and strength. Several similar cases have come under my notice. One of them is rather amusing. A brother practitioner himself told me of, and gave me permission to publish, the following conversation which took place between him and a parish patient: "Whose child is that?" "Why, mine, sir." "But surely not the child that I told you a week or two ago would never rear?" "It is though, sir." "Then the medicine seems to have set it to rights." "But it has had none of the medicine." "Then what have you been doing with the child?" "Why, sir, don't you recollect you told me that a friend of yours recommended that sick children should be rubbed all over with salad oil, and that I might try it if I liked, but that you had no faith in it? Well, sir, I did oil it, and the child has been improving ever since."

Bronchitis.—Last January a desperate case came under my care, which, in spite of active treatment, became rapidly worse. As a last resource I smeared it all over with salad oil, and, to my utter astonishment, there was a marked improvement in the breathing in less than twenty minutes. In a few hours the bronchitis entirely subsided.

Another case—double capillary bronchitis, neglected for several days—came under my relative's notice. He considered it too far gone for medicinal measures, and therefore ordered it to be oiled every four hours. The next day the symptoms had diminished in severity, and on the morning of the third day the child was sitting up in bed taking food, and to all appearance convalescent.

Convulsions.—In these cases the effect of oiling is sometimes truly surprising, the fit ceasing before the completion of the operation, and not subsequently returning. A patient informs me that whenever she observes the symptoms which used to precede convulsions in her boy, she at once oils him, when a calm sleep follows, from which the child wakes up refreshed.

Diarrhœa.—Some time since my cousin had an uncontrollable case of diarrhœa under his care in a child of seventeen months. I advised him to give oil a trial; but he said it was too far gone for anything to be done. I saw the little sufferer myself a day or two afterwards, and ordered it to be oiled every six hours. There was a marked improvement immediately after the first application. By the next day the prostration was gone. Previous to this attack the child was a "puny little thing;" but now (oiling three times a week having been persisted in up to the present time) it is "a splendid boy."

Enlarged liver in a rickety child, with bronchitis supervening.—This case has been under the care of a well-known hospital physician, who gave it up, saying that nothing more could be done for it. I ordered it to be oiled every six hours. After each application a calm sleep followed. In about seventy-two hours the bronchitis began to give way; and a few days afterward the liver was observed to have diminished in size. The child has not since ailed.

Reviews and Book Notices.

NOTES ON BOOKS.

Dr. RUPPANER has published a reply to Dr. LEWIS A. SAYRE'S review of his (Dr. R.'s) case of Laryngo-tracheotomy, to which we referred a fortnight since. In this rejoinder Dr. R. may figuratively be said to get Dr. Sayre "into chancery," and deals him some telling hits. What Dr. Ruppaner discloses about "the great poisoning case at the Fifth Avenue Hotel" must make the virtuous soul of the chairman of the Committee of Ethics of the American Medical Association, (Dr. S.,) feel considerably disturbed. The revelation is a pointed commentary on our recent editorial on "Real Ethics."

We have never been able to coincide with Dr. NATHAN ALLEN, (of Lowell, Mass.,) either in his statistics or in his theories of population. His last pamphlet, "Population, its Law of Increase," a paper read at the meeting of the Western Social Science Association, in 1868, maintains that the native population of New England is threatened with decay, and that the chief reason lies in the false education of the women. He knocks down what he chooses to set up as the "Malthusian theory," he lays considerable stress on the doctrine of "temperaments," (which we had almost supposed was consigned to the antiquarian cabinet of physiology,) and he adds a great deal of sound advice on the physical education of woman, which we hope many will read and profit by. What he says in favor of the "light gymnastics of domestic labor and household duties," however odious to the great mass of his countrywomen, is a pill they will find sweet to the stomach, if it is bitter to the mouth.

A pamphlet of 29 pages, entitled "Correspondence Concerning a Fatal Case of Placenta Prævia" has been published in Boston, by Dr. CHARLES E. BUCKINGHAM, Professor of Midwifery, in Harvard University. Dr. B. attended the case, and after death the husband accused him of neglect, and asked him questions about the treatment. These the doctor declined on various grounds to answer, and a bitter correspondence ensued. We regret that if the doctor thought it worth while to publish this correspondence "*for the benefit of the profession,*" he should have entirely omitted what his treatment *was*, even while he adds "there is no reason, on my part, for preventing publicity." The cause of death is thus luminously (?) set forth: "The cause of death was the general shock to the nervous system of a patient, attended by one unknown to her up to the hour of labor, and who was obliged by circumstances to announce to her the danger of her symptoms and the necessity of interference."

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, APRIL 23, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

DISSECTING LAWS.

We are rejoiced to see the old prejudices against the use of the human body after death, for scientific purposes, gradually dying out; and though we are not at one with a late correspondent in this journal who thinks *every* cause of death should be certified by a *post mortem*, we are equally far from that controversial medical writer we recently quoted, who called an examination of the cadaver, "a shocking profanation of the remains of the dead." The latter is twaddle, the former were too severe a load on the community.

The necessity of subjects for the proper study of our profession has led at times to excessive odium, and stimulated strange and unnatural crimes. "To burk" is a verb, the history of which is one of the most appalling the imagination could well frame; yet every word of it is true. To become skilled surgeons and careful physicians, one must dissect, and subjects must somewhere be obtained.

When the dissecting law was up for passage in this State, one of the committee to whom it was referred, and he a lawyer and an educated man, inveighed against it most bitterly as a brutal and barbarous measure.

Dr. WILMER WORTHINGTON, who was then in the Senate, and with that care for the interests of his profession which always characterized him, had taken the bill under his charge, explained to the indignant committeeman that unless bodies were provided for dissection, no physician could learn to perform his duties to his patient, nor intelligently practice his profession. This so obvious and simple fact had never occurred to the lawyer, and he promptly withdrew his objections. It is well known that in ancient Greece and Egypt dissection of the human body was forbidden on pain of death, and it is only wonderful that with a knowledge of the human organism gleaned solely from a study of the lower animals, the physicians of those days should have been so skillful as they undoubtedly were. Perhaps, however, with that devotion to science which often characterizes the profession, they disregarded the danger of detection, and conveyed a "subject" now and then to the cellar or to the garret, and had a quiet little study of its mysterious interior.

We have been led to these thoughts by seeing in the Cincinnati *Lancet and Observer* a copy of the Ohio dissecting law, recently passed by the Legislature of that State. It is not a model as our cotemporary confesses, but, we believe it worth while, to quote it in full, as a document of interest to those striving to obtain similar enactments in other States. The profession of Ohio is under obligations to Dr. Selden of Zanesville, chairman of the committee on the part of the State Society, and to Dr. Jenner, of the Senate, who is the author and earnest supporter of the bill, and to other medical gentlemen in the Legislature, who seem to have had this matter steadfastly and earnestly at heart.

"*Be it enacted by the General Assembly of the State of Ohio:* That it shall be lawful in this State to deliver to the professors and teachers in medical colleges and schools, and to the members of county medical societies that are or may be auxiliary to a State medical society, and for said professors and members to receive the remains or body of any deceased person for the purpose of medical or surgical study; Provided, that said remains shall not have been interred, and shall not have been desired for interment by any relative or friend of said deceased person, or by some county or township officer, within twenty-four hours after death; provided, also, that the remains of no person who may be known to have relatives or friends shall be so delivered or received without the consent of said relatives or friends; and provided, that the remains of no one detained for debt, or as a witness, or on suspicion of crime, nor of any traveler or stranger, nor of any person who shall have expressed a desire at any time that his or her body may be interred, shall be so delivered or received, but shall be buried in the usual manner; and provided, also, that in case the remains of any person so delivered or received shall be subsequently claimed by any surviving relative or friend, they shall be given up to said relative or friend for interment. And it shall be the duty of said professors and teachers decently to inter, in some public cemetery, the remains of all bodies after they shall have answered the purposes of study aforesaid; and

for every neglect or violation of this provision of this act, the party so neglecting shall forfeit and pay a penalty of not less than twenty-five nor more than fifty dollars, to be sued by the next friend, for the benefit of the nearest kin.

"SEC. 2. The remains or bodies of such persons as may be so received by the professors and teachers aforesaid shall be used for the purposes of medical and surgical study alone, and in this State only; and whoever shall use such remains for any other purpose, or shall remove such remains beyond the limits of this State, or in any manner traffic in the same, shall be deemed guilty of a misdemeanor, and shall, on conviction, be imprisoned for a term not exceeding one year in a county jail.

"SEC. 3. Every person who shall deliver up the remains of any deceased person, in violation of, or contrary to, any or all of the provisions contained in the first section of this act, and every person who shall receive said remains, knowing the same to have been delivered contrary to any of the provisions of said section, shall upon indictment and conviction, be fined in any sum, not exceeding one thousand dollars, nor less than three hundred, and be imprisoned in the county jail not more than six months; and it shall be the duty of the judge of the Court of Common Pleas, at every term thereof, in the charge to the grand jury to give especially in charge the provisions of this act.

"SEC. 4. This act shall take effect from and after its passage. Nothing contained herein shall be so construed as to interfere with or repeal any laws now in force, the purpose of which is to prevent grave-robbing."

DANGERS FROM INSANE PERSONS BEING AT LARGE.

The senseless abuse of physicians by magazine and newspaper writers, for their management of institutions for the insane, and their agency in placing insane persons in such institutions, is bringing forth its legitimate fruit. Physicians are loth to have anything to do with cases of insanity; and the friends of the insane, fear the abuse and notoriety to which they may subject themselves, if they take steps to place their afflicted ones under the most favorable circumstances for recovery from their malady, or seek to protect them or the community from possible acts of violence to themselves or others.

Scarcely a day passes that does not bring to our notice cases where death has been the result of this neglect. Several are to be found in the few papers that come under our notice, at the date of this writing.

In Ohio a man has just been acquitted of murder on the ground of insanity. He killed a Roman Catholic priest. *Query*—Was he turned loose to murder another priest, or committed to a hospital for treatment? If the latter, how long before a habeas corpus, or the abuse of the newspapers will "liberate" him?

In Indiana, a woman had been insane for two years, and had attempted suicide. She had "lucid intervals." It was hardly thought that she would attempt the life of any of her family, yet in the momentary absence of her husband—who seemed to live in fear of her doing some dreadful thing, and who kept a close watch over her—she, while dressing her babe nine months old, suddenly opened the stove door, and deliberately placed the poor infant on the burning coals! The father instantly rushed in and took it out, but it only survived three hours. Will no "lettre de cachet" place her where she ought long ago to have been? But no—she has "lucid intervals," and what physician will dare "restrain her of her liberty?" It is a question for a jury of *civilians* to decide, while medical witnesses are insulted and abused by the court and the bar!

One more case and we have done with this sad record of a day—*all taken from one paper!* In Richmond, Virginia, lived an old woman, alone with an insane, or idiotic brother. She appears to have been taken ill, and he had not sense enough to do anything for her, or to notify any one of her illness. In this condition, she suffered and died, without any one to do aught for her. When discovered, she had been dead, it was supposed for three weeks, and the cows and chickens on the premises were found starved to death. The poor idiotic brother, who ought to have been in a hospital, said that his sister had been asleep for a long time, and that she was sick before she went to sleep! He had kept himself alive apparently on some coffee grains and water. For sixteen years they had lived alone. Had he been in a hospital, she would undoubtedly have been differently circumstanced, and not died in this sad way.

A Sagacious Editor.

A correspondent in Adrian, Michigan, sends us a description clipped from one of the county papers, describing a surgical operation by Dr. R. S. ——, which consisted in "*removing a tumor, or fistula, above three inches in length.*" No wonder the editor of the Adrian *Journal* waxes warm with admiration and adds: "Why suffer with these detestable diseases when we have a surgeon at call who has performed on dozens of such cases and with good results?"

He doesn't say what the doctor paid him for the puff.

Notes and Comments.

BULLETIN OF RECENT THERAPEUTICS.*

By Geo. H. Napheys, M. D.

No. 6.

In order to enable the compiler of this bulletin to do justice to American Therapeutics, he invites directly, from experienced practitioners, contributions for this column. He desires brief but specific details of tried methods of treatment, *i. e.*, the exact combination of remedies employed; the doses; frequency of administration; contra-indications, etc., as well as the dietetic and hygienic management advised. He wishes not merely therapeutical novelties, but also a record of the negative and positive results of experience with either well established or newly suggested medical procedures.

While the compiler intends to collate widely and largely from foreign and American periodicals and monographs, he would like to draw upon the accumulated fund of unpublished therapeutical facts in the hands of many readers of this journal, whose co-operation, therefore, he confidently seeks.

Uterine Therapeutics.

(CONTINUED FROM BULLETIN NO. 3)

Emmenagogue Pill.

C. W. Frisbie, M. D., East Springfield, N. Y.

60. ℞ Assafœtidæ,
Myrrhæ, aa ʒj.
Aloës soc., ℈ij.
Ferri lactatis, ʒj. M.

For lx pills. One night and morning.

Dysmenorrhœa.

Theo. Jewett, M. D., Professor of Obstetrics, Bowdoin Medical College.

61. ℞ Camphoræ, ʒijss.
Extracti belladonnæ,
Quiniæ sulphatis, aa ʒss.
Pulveris acaciæ, q. s. M.

For lxxx pills. One to be taken every four hours until relieved.

62. ℞ Ext. scutellariæ fluidi,
Decocti aloës compositi, aa f.ʒss. M.

A dessertspoonful every two or three hours until relieved.

Dr. C. W. Frisbie, of East Springfield, N. Y., writes that he has used the above formulæ in his practice many times, and, when the cases have been properly selected, with the most happy results.

Carbolic Acid in Ulceration of Os Uteri.

Dr. Roe, Coombe Lying-in Hospital, Dublin.

Dr. Roe has been for some time in the habit of using carbolic acid as a local application in cases of ulceration of the os and cervix uteri, and has found it to yield results superior to any other topical treatment which he has tried. He has used it in cases where the whole round of other applications has been unsuccessful, and always with the most happy results. He agrees with Dr. Roberts, of Manchester, who last year drew the attention of the profession to the subject, in considering it a caustic, which, as regards its severity, may take intermediate rank between the nitrate of silver and strong nitric acid, besides acting as a disinfectant, a matter of no small importance in these cases. Dr. Roe does not use it in as strong a form as Dr. Roberts, and does not consider the strong acid necessary in very superficial ulcerations. A mixture of one part of the strong acid with two of olive oil seems to answer all ordinary purposes; but in cases of very deep ulceration the use of the strong acid may be called for. In such cases Dr. Roberts desires the acid to be liquified by the addition of a very small quantity of water. This has not been found to answer the purpose in the Coombe Hospital, but it has been there discovered by Mr. Weir, that the addition of a few grains of camphor will dissolve the acid, and will, moreover, prevent it again becoming solidified, even at a freezing temperature. The application of the carbolic oil to the os uteri is best effected by soaking a little cotton wool in the liquid, securing it by a string, and introducing it through a speculum, the string being left depending out of the vagina, and the patient being directed to pull it away on the second day. This procedure is repeated in ordinary cases about twice every week. If it be desired to apply the acid to the cervical canal, it may readily be done, by passing in a gum elastic catheter smeared with the carbolic oil.

Menorrhagia.

Dr. Ruben, of Hamburg.

63. ℞ Ergotinæ, gr. xv.
Glycerinæ,
Aquæ destillatæ, aa. f.ʒss. M.

Dose, fifteen minims.

Our author has used ergotin in severe cases of menorrhagia with good results. In one case the hemorrhage had continued for four months at the time the patient came under treatment.

Accidental Hemorrhage During Pregnancy.

J. G. Swayne, M. D. Physician Accoucheur to the Bristol General Hospital, etc., England.

The following formulæ are of service in such cases in which the hemorrhage occurs before full term:

64. ℞ Acidi sulphurici diluti, f.ʒj.
Tincturæ opii, ♏xl.
Infusi rosæ compositi, f.ʒvj. M.

Two tablespoonsful every hour.

65. ℞ Plumbi acetatis, gr. xvlij.
Acidi acetici, ♏. xx.
Morphiæ acetatis, gr. j.
Aquæ destillatæ, f.ʒvj. M.

Two table spoonfuls every other hour.

The woman is also, of course, to be kept in a recumbent position, and cold compresses applied to

*Entered according to Act of Congress, in the year 1870, by Geo. H. Napheys, M. D., in the Clerk's Office of the District Court for the Eastern District of Penn'a.

N. B.—This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

the abdomen and vulva. Cold drinks and cold water enemata may be administered. By the employment of these expedients the bleeding may be checked and the patient carried in safety to the close of her pregnancy.

Vulvitis.

T. GAILLARD THOMAS, M. D., PROFESSOR COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.

In the treatment of *purulent vulvitis*, if the inflammatory action run high, the woman should be kept in bed and upon a low diet. Saline cathartics should be administered. Cleanliness is to be carefully enjoined, and cooling emollient applications applied and retained upon the part. The vulva should be freely bathed three or four times a day with warm water, and a warm poultice of powdered linseed, slippery elm, or grated potato, with the addition of lead and opium, directed.

So soon as the acute symptoms have subsided, the following lotion should be kept in contact with the parts, by dossils of lint soaked in it and placed between the labia.

66. ℞. Tincturæ opii, f.ʒij.
Plumbi acetatis, ʒj.
Aquæ, Oj. M.

At a still later period the diseased surface should be painted over several times a day with

67. ℞. Liq. ferri subsulphatis,
Glycerinæ, aa f.ʒss. M.

If this treatment be not effectual in eradicating the trouble, a solution of nitrate of silver (gr. x to aquæ f.ʒj) should be applied by means of a brush every other day, and the part kept constantly powdered with lycopodium, bismuth, or starch, until the recovery is completed.

Dr. Dobell's Reports of Practical and Scientific Medicine.

The American coadjutors of Dr. DOBELL in this valuable and comprehensive work are Dr. A. L. CARROLL, editor of the *Medical Times and Gazette*, New York city, for the general branches of Medicine, and Dr. GEORGE H. NAPHEYS, of this city, for the department of Materia Medica and Therapeutics. It will be remembered that contributions of materials for the reports are invited from all parts of the world, especially under the following heads:

1. Anatomy—Normal and Morbid. 2. Physiology. 3. Chemistry. 4. Etiology. 5. Hygiene—Diet, Regimen, Clothing, etc., Meteorology and Climatology, Prevention of Disease. 6. Diagnosis. 7. The Management and Treatment of disease. 8. Materia Medica and Therapeutics. 9. Pharmacy. 10. Descriptions of Mechanical appliances, Instruments and Inventions. 11. Notes on Hospitals, Infirmaries, and Dispensaries. 12. Projected Experiments and Investigations.

Reports are to begin at June 1st, 1869, and end June 1st, 1870, and to be sent in *before* September, 1870.

Every contribution must be in *précis*, and authenticated by the name of the author, which will scrupulously be mentioned in the report.

Books will be noticed with special reference to the question of progress. Authors are, therefore, requested to send copies of their works, accompanied by *précis* of such portions as they think most deserving of attention in this respect.

All communications and parcels for America in the department of Materia Medica and Therapeutics must be *prepaid* and addressed to Dr. Napheys, 155, North 9th street, Philadelphia—the word *report* being written outside.

This request, Dr. Dobell informs us, is made because "in reading a work for the first time the *points which represent progress* are apt to be overlooked, whereas the author, of course, knows where to find them and can select them without difficulty." The reports for 1869, published by Messrs. Longmans, Green, & Co., Paternoster Row, London, may be obtained through any bookseller.

Mad Dogs.

The ladies branch of the society for the prevention of cruelty to animals, of this city, have made application to the Police Committee for the sum appropriated by Councils for taking up dogs running at large without muzzles, for the ensuing year. They guarantee, if this sum is given to them, to put up a building costing fifteen hundred dollars, and to take up all dogs throughout the year, and either find an owner for them or have them killed, without subjecting them to cruel treatment. That this duty should be undertaken by those who will perform it humanely, on the same terms as those who have hitherto shocked public sentiment by their brutality, is surely a great gain, and we do not see how the committee can err by allowing the experiment to be tried if only for a year.

Nevertheless we doubt very much if the practice of muzzling dogs is at all to be approved, on sound hygienic grounds, and have several times given our reason for the opinion.

Compression in White Swelling.

Drs. PALAS, Labbe, and other French surgeons have recently achieved most gratifying success in the treatment of white swellings of the knee, ankle-joint, etc., by the persistent use of an immovable splint. In several instances where amputation had actually been decided upon as the only resource left, where the swelling had fistulous openings, discharging unhealthy pus, and caries of the bone was diagnosed, three or four to eighteen months rest in

one fixed position resulted in cure and the preservation of a useful limb. The patients were principally children, and of course judicious general treatment was combined with the surgical procedure. Cod-liver oil, iodide of potassium, anti-scorbutics, and a residence in a pure country air were combined, or alternated as required.

Writing Prescriptions.

Dr. Monod in the *Bulletin de Thérapeutique* urges physicians to use no abbreviations or figures in writing prescriptions, but to write everything out in full. Instead of

Tinct. op. deod., fʒiss,

he would have

Deodorized tincture of opium, one-and-a-half fluid drachms.

He adds: "I am certainly not the first to express the wish that prescriptions be written so as to avoid errors; God grant that I be the last." To which if there were any hope of it, we would say, Amen!

Self-Mutilation.

It is stated that a youth named Jacob Harnish, seventeen years old, deliberately cut off his foot, on Saturday last, in Lampeter Township, Penn., and when asked why he did it, replied that we are told if our hand or our foot offend us, we should cut it off. He had struck three blows, and picking up the foot, hurled it some distance from him. The mutilation proved fatal.

Some years ago we knew of an instance in which a man castrated himself on the same principal. Suppose every one was as conscientious in thus giving the words of our Saviour a literal interpretation, how many "lame halt and blind," and otherwise mutilated would be met in our daily walks (or limpings!) and what a harvest there would be for surgeons—if indeed, they were not all in the same boat!

Albany Medical College.

Dr. THOMAS C. DURANT, of New York, a graduate of the College and an early student of Drs. March and Armsby, has given $15.000, to endow the "March Professorship."

Drs. E. R. PEASLEE and MEREDITH CLYMER, of New York, and Dr. WM. P. SEYMOUR, of Troy, accepted chairs in the New Faculty.

The Transportation of Disease.

It is of the highest importance for physicians to determine whether a contagious disease can be transported, by a healthy individual, from one family to another. In a late number of the *Union Medicale*, Dr. HERARD cites an instance in which, apparently beyond question, this was the case. A woman, mother of four children, paid several visits to a boarding school, a quarter of an hour's walk distant, where one of her daughters was suffering from varioloid. In a few weeks her children at home were attacked with the same disease, no exposure whatever being discoverable. Dr. H. records a similar instance of diphtheria, and we remember when practicing in the country districts of Pennsylvania, an instance of scarlet fever breaking out in a secluded family of children, which was, evidently, traceable to their physician. He had been attending a severe case of the disease nearly three miles distant, and at the same time attending the mother of this family.

The Diploma Trade.

The New York *Tribune* says: The nefarious business of selling medical diplomas has broken out again. Since the Philadelphia exposure showed that there were certain Universites and Colleges actually engaged in selling their diplomas, through a broker by the name of Hale, and the names of the institutions were given up to the scorn of the community, it was supposed their public shame would have checked these traffickers. Their operations were traced into adjoining States, and even as far as Indiana. But the new agency is in Sacramento. The applicant undergoes no examination; he simply furnishes his name and money. He is entered as a graduate upon the books of "an English college of high standing;" a diploma of corresponding date is made out and forwarded to him. The fees, as in Philadelphia cases, are $25 cash—in all, $100. Such an act, proved, should by law, render void the charter of a college or university. But in this city there are establishments of private individuals—probably quacks, who call their offices "medical colleges;"—if Philadelphia is similarly unfortunate, there are abundant sources whence diplomas may be obtained.

We trust that it is fully understood that no regular medical school in this city is, or has been, engaged in this business. There are certain so-called "universities" which do all the dirty work in that line.

The Work of a Missionary Physician.

Dr. WEST is missionary physician at Sivas, Turkey. He is an excellent general physician and a very superior surgeon. His salary is $650. Of course he attends the families of the missionaries and the poor gratuitously, and by instructing a medical class he has raised up some very good native physicians. When called to visit wealthy patients, who are Greeks, Turks or Armenians, he charges according to his services; and it is said that if he were settled in Constantinople, his practice would be worth $10,000 a year. All that he re-

ceives in this way, amounting to some thousands of dollars, he has placed at the disposal of the mission, to be used in aid of building houses of worship for feeble churches.

We believe Dr. West went from Binghampton, N. Y.

Pension Surgeons in New York.

It is announced from the Pension Office that the Board of Examining Surgeons for the Pension Bureau in New York is reduced to five members, namely: Dr. M. K. Hogan, Dr. James Ferguson, Dr. Charles Phelps, Dr. William O'Magher, Dr. Passmore Treadwell. The Board will meet on Wednesday, the 20th inst., and every Wednesday thereafter.

Correspondence.

DOMESTIC.

Treatment of Amputation.

EDS. MED. & SURG. REPORTER:—

Capt. N. R., of —— North Carolina regiment, was shot through the left ankle when leading a corps of skirmishers in one of the battles around Richmond, in May 1864. Limb amputated through lower third in a field hospital. The past 18 months or more, has suffered with neuralgia of the stump, more intense at night, causing sleeplessness (maugre morphine) and broken health. Has an ulcer on the face of the stump 1½ by 1 inch in diameter, which has resisted all attempts to heal for more than a year.

Dec. 23rd, 1869, 11:30 o'clock A. M.—Chloroformed. Operated by an elliptical incision, including diseased surface and cicatricial tissues, dissecting close to the bones 2½ to 3 inches, at which point the saw was applied. Found posterior tibial nerve diseased—enlarged for some distance to more than double its normal size, closely adherent to and spread fan-shaped over the end of the fibula; nerve was traced up beyond diseased part and cut off an inch and a half above the section of the bones. Ligated anterior tibial artery—posterior and peroneal; spirting at first, retracted; waited half an hour; no signs of hemorrhage; washed wound with solution chlorid. zinc (℈j to ℥j aquæ, which I had found repeatedly to promote rapid cicatrization of wounds after operations); approximated edges with two or three interrupted sutures, and dressed with narrow strips of old muslin, wet with cold water, retained with a few turns of roller bandage lightly applied, and put him to bed. As severe smarting was complained of, 80 drops tinct. opii given, to be repeated in an hour or two if needed.

Three o'clock P. M. Still suffering somewhat; ordered 15 drops solut. morphine (Magendie's). Six o'clock. No full relief. Repeat Morphine. Ten P. M. Sent for; found that there had been some hemorrhage; now checked; "cramping" pain complained of; injected hypodermically, on inner aspect of the thigh, ⅛ gr. acet. morphiæ. dissolved in eight drops of hot water; in two or three minutes quite relieved; left him sleeping.

Dec. 24th.—Called up at 4 A. M.; intense suffering had just returned; had been quiet and sleeping since last visit; (hypod. inject. about 11 preceding night,) *stump* free from pain; cool; no return of hemorrhage; cramp in calf of leg; repeat hypod. injection, same dose, over deltoid muscle; as before, relieved in two or three minutes; sleeping. Saw him again at 8 o'clock A. M.; suffering just returned; "cramping pain" in calf of leg. At nine, repeated hyp. injection same dose; seen repeatedly during the day; bladder evacuated without assistance; desiring food, which was allowed. Sent for at 9 P. M.; some suffering, but not intense, however, thought it best to repeat hyp. injection over deltoid; ordered 15 gt. sol. morph. (Mag.) during night, if needed.

Dec. 25. Called to him again at 6 A. M.; found that he had had some sleep, though nurses had given two doses of morphia without much relief of pain. Stump cool; pain in calf of the leg; Hypod. inject. 1-6 gr. Ac. Morph.; tolerably quiet through the day. 5 P. M., preparing to move him to a fresh bed, loosened dressings; active hemorrhage; tourniquet over fem. artery.

At 6, (dark). Chloroformed; stump laid bare; wound opened; coagula removed; bleeding artery sought for, (*by the aid of a tallow candle light*); couldn't catch it with forceps or tenaculum; armed a curved needle with ligature and passed it so as to embrace immediately surrounding tissues and tied it; fold of lint saturated with dilute solution of carbolic acid (Nichol's) gently pressed to bottom of the wound; edges approximated with wet strips of muslin, and these retained by a turn or two of roller. Left with anodyne powders to be given if needed.

Dec. 26. 9 A. M. Has had a comfortable night, taken two powders. Retention of the urine relieved by catheter; no hemorrhage; pulse fair; has taken sufficient nourishment. The introduction of catheter having caused some nervousness, ordered ℥ss whiskey in milk; 5 P. M., had a comparatively comfortable day; 10 P. M., comfortable but somewhat feverish; catheter, nitrat potass. with anodyne ordered.

Dec. 27, 10 A. M.; has rested well; removed external dressings; reapplied strips with a strip of lint saturated with carbol. acid solut. over stump; 5 P. M., catheter; slight febrile excitement; ordered p. r. n. nitr. potass with anodyne powder h. s.

Dec. 28—29. Doing well. No fever. Bowels and bladder acting normally. Plug of lint removed. ordered morphine h. s.

Dec. 30—31. Daily dressing with strips and carb. acid solution.

Jan. 1. Hypodermic injection for pain.

Jan. 4. Sutures came away.

Jan. 5—6. Quite comfortable. Sitting up. Wound healing, not requiring further professional attendance.

Jan. 25. Seen healed, with nice plump, well cushioned stump. There had been no suppuration at all during the progress of the case.

If the case is note-worthy, the chief points of interest may be found in the value of the water dressing, as here employed—which in passing I may say, I have used for very many years to the exclusion of adhesive strips—and the carbolic acid as a preventive of suppuration and promoter of cicatrization, and of the hypodermic injection for the prompt relief of pain. B. W. ROBINSON, M. D.

Fayetteville, N. C., March 1870.

The Milk Treatment in Infantile Diarrhœa.

EDS. MED. AND SURG. REPORTER:

As the season of the year is approaching when diarrhœa is most prevalent, allow me to call the attention of your readers to the great benefit which may be derived from the milk treatment. From a considerable experience in the management of intestinal and gastric diseases, I am thoroughly satisfied where an irritable condition of the bowels or stomach is a prominent symptom, with the use of sweet milk in small quantities (not more than will be retained and digested—often it will be found necessary to administer *but one spoonful at intervals of two hours* for the first two or three days, nor more than the stomach and bowels will tolerate). Inanition, which is so constant in these troublesome affections, is the result of indigestion. If a large quantity of food be swallowed, it is liable to fermentation, and will frequently pass through the intestinal canal within fifteen minutes after it is taken, if not rejected by the stomach—hence, one spoonful of fluid nutriment, of which new milk is incomparably the best, in a large majority of cases, will afford more substance to the system than a plateful of solid food.

In the most aggravated cases of diarrhœa by the milk treatment, rigidly pursued, a solid form of feces will be obtained in forty-eight hours, usually; and this too, without the aid of opiates, astringents, or other drugs. When there is a very acid condition of the secretions, a little lime water may be advantageously added to the first few spoonfuls of milk—*all other fluids, including water*, should be sedulously guarded against. To allay thirst, wet towels placed on the stomach and bowels will be useful.

When there is much irritability of the stomach, mustard sinapisms will afford much relief. Tympanites and tenderness of the abdomen may be lessened by warm fomentations, of which hops, bran, and lye I regard as equal, if not superior, to all others. When there is much pain, lavements of laudanum and turpentine will often afford relief. Should they fail to induce perfect quiet (for *absolute rest in the recumbent position is important*,) a teaspoonful of laudanum, or its equivalent, in one of the salts of morphine, combined with three or four ounces of starch water may be injected into the rectum, for which purpose an elastic syringe should be used. For children, a little pledget of lint or cotton saturated with laudanum and a solution of sugar of lead applied to the fundament, will be effective in allaying tenesmus and tormina. Rarely, cases will occur in which carbolic acid will be a useful adjunct to the milk treatment, (I prefer creasote, one or two drops, ♏, j or ij to ℥j of mucilage or glycerine); sometimes, in chronic cases, blisters and setons may be required. In some very unpromising cases, I have used enemas of sub. nitr. of bismuth ʒi, to mucilage of flax seed ℥iv. In chronic cases of infantile diarrhœa, etc., the solution of zinci sulph. lauded by Dr. Wood, and in a few apparently desperate cases, seemingly complicated with ulceration of the mucous membrane, I have resorted to crystals of argent^{i} nitr., administering it internally in adults as well as by enema in both adults and infants. Among vegetable astringents, I prefer krameria, either a decoction of the root or a watery infusion of the extract, to which a few drops of alcohol should be applied before pouring on the water. When children who are teething, are affected with disordered bowels, attended by febrile symptoms, I unhesitatingly score the swollen gums and generally with prompt relief. I have reason to regret its neglect in some cases many years ago. I regard the use of gum arabic water for children, as at least useful in preventing the hard coagulation of milk, when the stomach is very irritable.

Blisters behind the ears in case of infants will often be found valuable auxiliaries in bowel affections caused by teething; and not less useful, a flannel bandage around the abdomen, supporting the lax walls and creating gentle irritation of the surface, promoting capillary circulation; salt baths, sponging with dilute nitro-mur. acid, when there is much torpidity of the liver, with clay colored stools, white or transparent discharges. To correct the acid diathesis which will usually be found to attend great irritability of the stomach, a torpid bath containing a spoonful of the bi-carbonate of soda will sometimes afford prompt relief to *all* the symptoms. When a child is very much debilitated, the surface should be

occasionally sponged with good brandy, to which some quinine may be added, particularly if the diarrhœa is attended by an intermittent fever. The judicious use of stimulants is sometimes imperatively demanded, when life flickers in the balance. In those cases in which well marked paroxysms occur, quinine will be found the sheet anchor. Nevertheless, I reiterate, that confinement to milk, to the exclusion of *all* other diet or ingesta, fluid or solid, is, in a vast majority of cases, of gastric or intestinal ailments the *sine qua non*.

I have been called to patients who had contracted chronic diarrhœa and dysentery, in Vicksburg, who were almost moribund, in one case the points of the hips and shoulders through the skin; bloody and watery discharges at intervals of a few minutes, sometimes involuntarily; the skin dry, corrugated, and yellow as parchment; tongue like a piece of raw beef; constant tormina and tenesmus, with burning thirst, and most irritable stomach; hot head and injected conjunctivæ, pinched nostrils, delirium, etc., etc., relieved in less than a fortnight. Of course, when the bowels are controlled, essence of beef, mulled eggs, gradually adding *goutte a goutte* porridge, rice, boiled meats, oysters, etc., from day to day, with moderate exercise as the strength improves, should not only be allowed, but insisted on.

It is important in the class of diseases to which this paper refers, that the patients and their friends should be fully apprised of the danger of relapse, which is often brought about by what the patient may regard as a *slight* indiscretion. I believe that fatal relapses are more frequent during convalescence from enteric disease, than any other, perhaps, all other maladies to which mankind are subject. Causes of relapse, as well as predisposing causes of the disease, are dampness, improper or insufficient clothing, depressing emotions, imperfect and injudicious aliment, long continued fatigue, which are particularly hurtful in the strumous diathesis.

My object, in this communication, has been to call attention to the paramount importance of the milk diet in the class of diseases treated of. I have incidentally referred to other remedies in rather a cursory manner rather with a view to prevent the supposition that I am hobby-horsical on the subject of sweet milk, than with the expectation of offering any other view. W. W. Alexander.

Athens, Tenn.

Effects of Sulphate of Morphia in Parturition

Eds. Medical and Surgical Reporter:—

We have been much gratified by the perusal of the several articles which have appeared from time to time in the Reporter, on the above subject, since the publication of our article in regard to the same, in vol. 21. page 111, of last year. We have believed for several years past that experience would sooner or later, cause morphia to receive the approval of such members of the profession as might be disposed to try it, in overcoming a rigid, or slowly dilated os, in an otherwise normal case of parturition. That all who have thought proper to express their opinions, or give their experience concerning its use in labor should not fully coincide in regard thereto, is natural enough, and is indeed, precisely what might be expected concerning the modus operandi of any other article of our voluminous materia medica, however well founded and respectable might be the statements of any member of the profession, as to its therapeutic action in a particular condition of the system. Like many of the now established effects of other articles on the human organism, the fact of its favorable action in parturition, though discovered by accident, renders the knowledge of such operation on the uterus none the less valuable. In announcing to the profession its action in this respect, no effort was made to clothe it in the imposing therapeutical drapery of the times. And we ventured to say, when speaking of the "parturient action of Sulphate of Morphia" in an article published more than a decade since, that we were reading a "therapeutical fact." The case then spoken of was that of Mrs. C. of Georgetown, S. C., which occurred in the winter of 1846. Observation and experience in regard to the action of morphia in labor, for a period of nearly a quarter of a century, have convinced me that its mode of operation is essentially different from that of ergot and other *direct* parturients. This may be readily comprehended when we remember that the uterus, and its neck, are supplied with nerves from different sources, and that each order of nerves is destined to perform its own particular function or office during labor. Hence, we are not surprised to find one agent acting energetically at one stage, and another exerting its influence only when the labor has advanced to a greater extent.

The body of the uterus receives its supply of nerves from the ganglionic or sympathetic system; while those distributed to the neck, are derived from the spinal, or nervous centres of animal life. Ergot, gossypium, etc, direct their action to the former, and promote contraction of the fibres of the fundus and body, thereby expelling the contents of the uterus. While morphia, chloroform, etc, acting upon, obtund the sensibility of the latter order of nerves, when suffering severely from the stimulus of distention going on in the fibres of the neck, from the mechanical pressure of the head upon them; thereby facilitating dilatation of the os, and rendering less painful, or painless, as in the case of full action of the latter article—the expulsion of the fetus by the contractions of the uterus, under the influence of the ganglionic nerves. All physicians of much experience in obstetrical practice, and who have used chloroform with their patients to any extent, are

aware that the contractions of the uterus are but little influenced by it, whether anæsthesia is more or less completely induced. And it has been my happiness to witness, in many instances, a tedious and painful case of labor, dependent on imperfect dilatation of the os, brought to an early and satisfactory termination under the liberal use of morphia. We are enabled by this view of the physiology of nervous influence in labor, to comprehend the manner in which morphia acts so happily in facilitating the dilatation of the os in such cases.

In like manner, we can readily understand why such cases are tedious, when we consider the pressure exerted upon these nerves by the mechanical stimulus of the child's head, increasing, as it does, with each recurring pain, and thereby inducing the phenomenon of reflex action. Obviously, therefore, any agent capable of obtunding or lessening the irritability of these nerves from the centres of animal life, with which the neck is furnished, may prove, when judiciously administered, at least a *negative* accelerator of parturition! Morphia and chloroform act thus. I have been much gratified to learn that similar results have followed the use of morphine in the practice of several professional friends of late, to that which was recorded in my former article, and that they were induced from the perusal of that article to give it a trial in such cases. I do not claim absolute *certainty* of action for morphia, in the condition treated of above. But I feel confident it has as seldom disappointed, when "well timed," as any other article called for under other circumstances would be expected to do. I must leave "specifics" with the self-styled eclectics, and infinitesimal gentlemen, as I have none of them.

HARVEY L. BYRD, M. D.,
Professor of Obstetrics in Washington University.

Facial Neuralgia.

EDS. MED. & SURG. REPORTER.

While practicing medicine at Leiganore, Maryland, I was called 45 miles over into the vicinity of Gettysburg, Penna., sometime in April 1863, to see Mrs. Rachel Pfoutz, a lady of excellent standing and wide circle of acquaintance.

The history of this case is, that for several years previous she had been slightly affected with neuralgia, which about six months before I was called in had concentrated its forces in the dental and lingual nerves.

The skill of five physicians of good standing had failed to relieve her, and she had been abandoned as a hopeless case. Now, she could neither speak nor masticate for over two months, conversed solely by slate and pencil—while her subsistence was effected by sucking through a glass tube, a portion of wine soup and other fluid diet. Death she said was her hope. A person weighing in health 218 pounds, was now reduced to 80 pounds. Her treatment, which had been of the anti-periodic, anti-spasmodic, and narcotic kind, had over-ruled the peristaltic action of the bowels, and the evacuations depended solely on injections. So sensitive was her nervous system that the least sudden noise produced spasms,

I saw clearly what was at first to be done—accordingly prescribed pil. comp. cath. ij., followed by sal. Rochelle ℥j. The bowels soon resumed their wonted duty, and now for a removal of the intense pain, and a tonic for the general system.

These I found in tinct. lupulin, ℥ij, teaspoonful in water every 5 hours—alternating with syr. iodid. ferri, ℥j, 10 drops in water, and aconitin, gr. j, hog's lard, ℥j. M. Ft. ung. Applied over the seat of pain. She spoke instantly, and said she was cured. The pain ceased instantly upon the first application of the ointment.

Her improvement under this course was rapid, and soon she was well. But I found in June following that there was a disposition in the nerves to resume the painful task, as the aconitin began to lose its effect.

I determined to operate at once, and addressed to Prof. S. D. GROSS, of the Jefferson Medical College, a letter as to the matter. On receiving his reply, I took my patient to Philadelphia. The eminent Professor named, incised, trephined, divided behind the bifurcation, and lifted out the dental nerve.

The patient returned home in a week, enjoyed good health a long time, but from a letter I received from her a few years ago, she tells me she suffers again some at times, but no comparison to the first—as life is since a pleasure, whereas, before our treatment, 'twas but a living death. I believe such treatment worthy of adoption.

P. J. GARDINER, M. D.

Loogootee, Ind.

Vertigo from Tobacco.

Dr. E. Decaisne in the *Gazette des Hopitaux*, adds another count to the bill of indictment against tobacco. He narrates the case of a gentleman of sixty, long accustomed to the use of tobacco, who was suddenly seized with nervous prostration and violent vertigo. His face was pale, hands and head hot, acid eructations, intermittent pulse, and a sense of heat at the epigastrium. The doctor found that the previous evening he had smoked to excess and had had a troubled night with bad dreams. A dose of magnesia, a *tisane* of gentian, and rest, relieved him, but a month or two after, five segars in an evening brought back all the symptoms. Cured of them again, the patient reduced his allowance to two segars a day, and has since enjoyed good health.

News and Miscellany.

European Items.

——In the Prussian Universities last year there were 1,644 students of medicine, of whom 160 were foreigners.

——Of the 851 periodicals which are published in Paris, not less than 46 are devoted to medicine and surgery, orthodox and heterodox.

——Dr. Oscar Liebreich, whose name is spelled incorrectly by nine out of ten writers, is chemical assistant at the pathological institute at Berlin. His researches in reference to chloral hydrate have given him a world-wide fame.

——The celebrated Rudolph Virchow has written a number of pamphlets on branches of popular medicine, and one on the tumuli of the ancient natives of north Germany. (*Hunengräber.*)

——Sir John Lubbock, M. D., is now traveling in the Holy Land.

——The medical students of Paris have petitioned the minister of education to re-open the medical schools.

——The cause of female medical education is rapidly extending in Europe, especially in Switzerland and in Prussia.

——The average income from practice of physicians, in the city of Berlin, is said by Dr. Schlesmiger to be only 600 thalers ($450) a year. Yet withal he adds, they are the best dressed and the most flourishing looking profession in the city.

Rome.

The prevalence of infectious fever at Rome is at last being taken notice of by the English papers. The *London Times* publishes a letter from a recent visitor to Rome, warning travelers against going to that city, and asserting that the hotel keepers take no precautions for the protection of their guests, who are without any compunction placed in infected rooms.

——Miss Garrett, a lady physician, has lately been appointed a member of the medical staff of the East London Hospital. Her appointment is the first recognition by hospital authorities of lady doctors.

——In Cabell county, West Virginia, is a family, the progenitors of which are aged respectively 103 and 105 years. Their descendants number more than three hundred.

——Judy thinks "doctors bills" are a "tax on patience."

Queries and Replies.

Prejudice.

A friend writes us from Jersey city, that the article on occlusion of the vagina was submitted in manuscript to Prof. A. C. Post, and Dr. A. R. Peaslee, of New York city, and read and *approved* by them. This proves that we judged rightly of the animus which inspired the letter referred to in our article on "Editorial Thorns."

Dr. J. G. D. of Texas.—"I wish to subscribe to a good journal on diseases of woman. Please recommend one."

Reply.—The *Journal of the Gynæcological Society of Boston*, James Campbell, publisher, Boston, Mass., is the one for you.

Dr. J. W. D., of Ill.—"What is the price of chloral hydrate?"

Reply.—About $1.50 an ounce, with a downward tendency.

Dr. J. F. DeB., of O.—"What is the latest and best work on Therapeutics?"

Reply.—We recommend Stillé *Therapeutics and Materia Medica*, 2 vols., $10.00, and Napheys' *Modern Therapeutics*, $2·25. We can send you either or both.

Dr. H. T. C., N. Y.—The best work on Medical Diagnosis, is Da Costa's. Price, $6. We can send it to you.

Married.

McConnell—Lacey.—March 10th, at the residence of James Lindsey, Esq., near Marseilles, Wyandott county, Ohio, by Rev. T. J. Cellar, D. W. McConnell, M. D., of Marseilles, and Miss Martha J. Lacey, of Wyandott co.

Munroe—Griffen.—At the residence of the bride's father, by the Rev. E. P. Smith, Sodus, Wayne co., W. Cragge Munroe, M. D., and eldest son of Henry Monroe, Esq., M. D., F. L. S., M. R. C. S., L. S. A., etc., etc., Hull, Yorkshire, England, to Henrietta Bushnell, only daughter of Henry Montgomery Griffen, Esq., the Evergreens, Pultneyville, N. Y.

Sears—Huyett.—April 7th, by Rev. W. W. Moorhead, Mr. George W. Sears to Miss Lizzie Grove, daughter of Joseph Huyett, M. D., of Camden Mills, Ills..

Sturgis—Hazard.—April 6th, at Newport, R. I., F. R. Sturgis, M. D., of New York, and Martha De Wolf, daughter of the late Captain S. F. Hazard, U. S. N,

Died.

Dulon.—Dr. Rudolph Dulon, of Rochester, N. Y., died suddenly, April 11th, aged sixty-three years. He was a native of Germany, and was noted for his fine education and ability. Gen. Sigel married his daughter.

Peterson.—In Weare, N. H., April 8th, Dr. James Peterson, at 70.

Shelmerdine.—In this city, on the 13th inst., Robert Q. Shelmerdine, M. D.

Zevely.—At Salem, North Carolina, Mrs. L. P., wife of Dr. A. T. Zevely, died of dropsy of the chest, consequent upon valvular disease of the heart, in the 50th year of her age.

Meteorology.

APRIL.	4,	5,	6,	7,	8,	9,	10,
Wind.....	N. E.	N. E.	N. W.	N. W.	N. W.	N. E.	N. E.
Weather.	Cl'dy Snow	Cl'dy Snow	Cl'dy	Clear	Clear	Clear	Cl'dy
Depth Rain	Rain.	Rain. 7-10					
Thermom....							
Minimum..	35°	32°	38°	33°	40°	44°	46°
At 8, A. M.	38	38	46	45	50	51	53
At 12, M...	40	42	50	53	60	64	62
At 3, P. M.	40	42	47	54	61	65	64
Mean.....	38.25	38.50	42.25	46.25	52.75	56.	56.25
Barometer..							
At 12, M...	29.9	29.8	30.	30.2	30.1	30.2	30.2

Germantown, Pa. B. J. Leedom.